

2018-2019 SURVEY of ADM

www.surveymongo.com/13149663/2017-2018-SURVEY-OF-ADMINISTRATORS-OF-PUBLICLY-FUNDED-HEALTH-CENTERS-THAT-PROVIDE-FAMILY-PLANNING

2018-2019 SURVEY of ADMINISTRATORS of HEALTH CENTERS THAT PROVIDE FAMILY PLANNING

Form Approved
OMB Number: 0920-0969
Expiration Date: XX/XX/XXXX

Be assured that your responses will be maintained in a secure manner. This survey has been approved by the Centers for Disease Control and Prevention as non-research public health practice.

Please complete this survey within 21 days.

To determine if you are eligible to participate in this survey, please answer the following question:

Does your clinic provide family planning services* to at least two women of reproductive age per week? *

Yes
 No

* For the purpose of this survey, a **family planning service** is any service related to postponing or preventing pregnancy. Family planning services may include a medical examination related to provision of a method, contraceptive counseling, method prescription or supply visits. A patient may receive a family planning service even if the primary purpose of the visit is not for contraception.

Please answer each of the following questions as they relate to the health center where you are receiving this survey.

- You may need assistance from other staff, such as your site medical director, to complete this survey
- **If you are a part of a multi-site agency**, feel free to consult with your parent agency to answer questions as needed or as may be required by your agency. However, most questions relate to this specific clinic or center (not to the parent agency).
- **If you work for an agency that oversees more than one clinic or center**, please answer only for the one center or clinic at which you received this survey.
- The information will not be used to assess compliance with federal or other regulations or as part of your agency's performance reviews.

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- The information will not be used to assess compliance with federal or other regulations or as part of your agency's performance reviews.
- Your complete answers are essential to helping us support publicly-funded family planning service in the future.

Public reporting burden of this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0969).

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I. Health Center Characteristics

1. What best describes your health center's clinical focus?

Family planning / reproductive health

Primary (general health) care

Public health (e.g., county health department)

Other

2. Which best describes the area that your health center serves?

Mostly urban / suburban

Mostly rural

Combination of rural & urban / suburban

3. Approximately how many clients received any clinical services at your health center in the last year? (Fiscal or calendar)

< 500

500 – 999

1,000 – 4,999

5,000 – 9,999

10,000 – 49,999

50,000 +

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4. Approximately how many clients received family planning services at your health center in the last year? (Fiscal or calendar)

< 500

500 – 999

1,000 – 4,999

5,000 – 9,999

10,000 +

5. Is your health center a part of the following health care networks?

| | Yes | No | Don't know |
|--|-----------------------|-----------------------|-----------------------|
| Accountable care organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical home (PCMH or other) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medicaid managed care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other managed care network / PPO | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Participating provider in one or more types of private insurance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. What is the approximate age and gender breakdown of your health center's family planning clients?

Among female clients

Percentage less than 20 years old

Percentage 35 years or older

Among male clients

Percentage less than 20 years old

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Accountable care organization

Medical home (PCMH or other)

Medicaid managed care

Other managed care network / PPO

Participating provider in one or more types of private insurance

6. What is the approximate age and gender breakdown of your health center's family planning clients?

Among female clients

Percentage less than 20 years old

Percentage 35 years or older

Among male clients

Percentage less than 20 years old

Percentage 35 years or older

Percentage of clients (all ages) that are male

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II. Clinical Services Provided

7. In the past three months, were the following contraceptive methods* provided on-site to clients who requested them?

Provided on site in last 3 months

| | Yes | No |
|--|-----------------------|-----------------------|
| Sterilization (male) | <input type="radio"/> | <input type="radio"/> |
| Sterilization (female) | <input type="radio"/> | <input type="radio"/> |
| LNG-IUD (Mirena®, Liletta®, Skyla®, Kyleena®) | <input type="radio"/> | <input type="radio"/> |
| Cu-IUD (ParaGard®) | <input type="radio"/> | <input type="radio"/> |
| Implant (Nexplanon®) | <input type="radio"/> | <input type="radio"/> |
| DMPA (Depo-Provera®) | <input type="radio"/> | <input type="radio"/> |
| Patch (Ortho Evra®, Zulane®) | <input type="radio"/> | <input type="radio"/> |
| Vaginal ring (NuvaRing®) | <input type="radio"/> | <input type="radio"/> |
| Combined Oral Contraceptives (COCs) | <input type="radio"/> | <input type="radio"/> |
| Progestin-only oral contraceptives | <input type="radio"/> | <input type="radio"/> |
| Emergency contraceptive pills | <input type="radio"/> | <input type="radio"/> |
| Male condom | <input type="radio"/> | <input type="radio"/> |
| Female condom | <input type="radio"/> | <input type="radio"/> |
| Instruction on fertility awareness-based methods | <input type="radio"/> | <input type="radio"/> |

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Emergency contraceptive pills

Male condom

Female condom

Instruction on fertility awareness-based methods

**Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.*

8. In the past 3 months, about how often did your health center provide the following services?

| | Never | Rarely | Occasionally | Frequently |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Pregnancy diagnosis & counseling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Contraceptive services for women | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Contraceptive services for men | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Counseling on how to achieve pregnancy for women | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Counseling on how to achieve pregnancy for men | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Basic infertility services for women | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Basic infertility services for men | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| STD screening for women | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| STD screening for men | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Preconception health care for women | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Preconception health care for men | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Assess pregnancy intention/reproductive life plan for women | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Assess pregnancy intention/reproductive life plan for men | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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9. The following questions refer to your health center's clinical recommendations for basic infertility services provided on-site during initial or follow-up family planning visits.

| | Is this specified in a written protocol for female clients? | Is this specified in a written protocol for male clients? |
|---|---|---|
| Assessment of past surgery, illnesses, injury, infection (including STDs) | -- Please Select -- | -- Please Select -- |
| Assessment of fertility history | -- Please Select -- | -- Please Select -- |
| Assessment of current medication use and allergies | -- Please Select -- | -- Please Select -- |
| Assessment of how long client has been trying to achieve pregnancy | -- Please Select -- | -- Please Select -- |
| Assessment of intercourse frequency and timing | -- Please Select -- | -- Please Select -- |
| Physical examination for infertility-related morbidity | -- Please Select -- | -- Please Select -- |
| Pelvic examination | -- Please Select -- | -- Please Select -- |
| Sexual health assessment | -- Please Select -- | -- Please Select -- |

10. The following questions refer to your health center's provision of on-site, routine screening during initial or follow-up family planning visits. By screening, we mean the process of routinely asking questions about a client's history or performing a physical exam or laboratory test in average-risk asymptomatic persons to help assess risk factors for, or the presence of, a specific disease or condition.

| | Is this service offered for female clients? | Is this specified in a written protocol for female clients? | Is this service offered for male clients? | Is this specified in a written protocol for male clients? |
|---------------------------|---|---|---|---|
| Intimate partner violence | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Alcohol use | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Drug use | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Tobacco use | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |

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| | | | | |
|-----------------------|---------------------|---------------------|---------------------|---------------------|
| violence | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Alcohol use | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Drug use | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Tobacco use | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Depression | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Immunizations | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Body-mass index (BMI) | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| High blood pressure | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Diabetes | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Chlamydia | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Gonorrhea | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Syphilis | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| HIV | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Hepatitis C | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Breast cancer | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Cervical cancer | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Folic acid intake | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |
| Testicular cancer | -- Please Select -- | -- Please Select -- | -- Please Select -- | -- Please Select -- |

11. The following questions relate to your health center's clinical recommendations for contraceptive counseling.

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11. The following questions relate to your health center's clinical recommendations for contraceptive counseling.

| | Is this specified in a written protocol for female clients? | Is this specified in a written protocol for male clients? |
|---|---|---|
| Use open-ended questions | -- Please Select -- | -- Please Select -- |
| Assess the client's reproductive life plan (i.e., ask about their intentions regarding the number and timing of pregnancies in the context of their personal values and life goals) | -- Please Select -- | -- Please Select -- |
| Elicit client's preferences regarding contraception | -- Please Select -- | -- Please Select -- |
| Present information regarding potential contraceptive methods based on the patient's preferences regarding contraception | -- Please Select -- | -- Please Select -- |
| Present information regarding potential contraceptive methods with the most effective methods presented first (tiered approach) | -- Please Select -- | -- Please Select -- |
| Help client consider other factors they need to know about contraceptive methods, such as possible side effects | -- Please Select -- | -- Please Select -- |
| Help the client think about potential barriers to using their selected method correctly and develop a plan to deal with these barriers | -- Please Select -- | -- Please Select -- |
| Inform clients about the full range of contraceptive choices | -- Please Select -- | -- Please Select -- |
| Counsel on how to obtain emergency contraception | -- Please Select -- | -- Please Select -- |
| Counsel on condom use to prevent STDs | -- Please Select -- | -- Please Select -- |
| Inform clients about fertility-awareness based methods as a contraceptive option | -- Please Select -- | -- Please Select -- |

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III. Health Center Infrastructure and Communication Systems

12. In the past 3 months, about how often did your health center make available the following services or materials to clients?

| | Never | Rarely | Occasionally | Frequently |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Same-day appointments for clinical services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Weekend or evening hours for clinical services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adolescent-only hours or days for clinical services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Educational materials (written or video) specifically designed for adolescents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Educational materials (written or video) in languages that match the needs of your client base | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Language translation services that match the needs of your client base | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

13. In the past 3 months, about how often did your health center do the following, related to adolescent clients?

| | Never | Rarely | Occasionally | Frequently |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Offered time alone with a provider for adolescents who come with a parent or guardian | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Required parental consent, for adolescents seeking contraceptive services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Actively encouraged communication between adolescents and parents/guardians about sex and reproductive health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Actively promoted the availability of confidential services to adolescents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provided information clarifying that avoiding sex is an effective way to prevent pregnancy and STDs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

14. An Electronic Health Record (EHR) is a digital version of a patient's paper chart and contains information about a patient's medical history, diagnoses, immunization dates, allergies, test results, and more.

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Yes No

Does your health center currently use an EHR system?

If yes, please specify the EHR vendor name:

15. If your health center uses an EHR, is there a place within your EHR interface (not in a Notes section) to capture the following patient information?

| | Yes | No |
|---|-----------------------|-----------------------|
| Patient pregnancy intention | <input type="radio"/> | <input type="radio"/> |
| If yes, do you use One Key Question®? | <input type="radio"/> | <input type="radio"/> |
| Sexual history | <input type="radio"/> | <input type="radio"/> |
| Ever had sex | <input type="radio"/> | <input type="radio"/> |
| Currently sexually active | <input type="radio"/> | <input type="radio"/> |
| Contraceptive method provided at end of visit | <input type="radio"/> | <input type="radio"/> |

16. In the past 12 months, did your health center use any of the following methods for community education?

| | Yes | No |
|---|-----------------------|-----------------------|
| Websites | <input type="radio"/> | <input type="radio"/> |
| Social media (e.g., Facebook, Twitter) | <input type="radio"/> | <input type="radio"/> |
| <input type="text" value="Enter another option"/> | <input type="radio"/> | <input type="radio"/> |

17. In the past 12 months, did your health center conduct community education in the following places or groups?

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17. In the past 12 months, did your health center conduct community education in the following places or groups?

| | Yes | No |
|----------------------------|-----------------------|-----------------------|
| Schools | <input type="radio"/> | <input type="radio"/> |
| Colleges or universities | <input type="radio"/> | <input type="radio"/> |
| Other youth-serving groups | <input type="radio"/> | <input type="radio"/> |
| Parent groups | <input type="radio"/> | <input type="radio"/> |
| Faith-based organizations | <input type="radio"/> | <input type="radio"/> |
| Enter another option | <input type="radio"/> | <input type="radio"/> |

18. Does your health center communicate with clients in the following ways:

| | No | Yes: Limited use | Yes: Routinely |
|--|-----------------------|-----------------------|-----------------------|
| Text message | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Email | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Phone calls | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Online platform to schedule appointments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Online platform to view lab test results | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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IV. Referral Arrangements and Staff Training

19. What kinds of partnerships does your health center have with providers who offer the following contraceptive methods and other services? (In each row, select all that apply.)

Contraception methods

| | We offer this on site | Co-located with those who do, or our parent organization provides this | Contract, or other written agreement | Active referral* | Passive referral** |
|--|--------------------------|--|--------------------------------------|--------------------------|--------------------------|
| Female sterilization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Male sterilization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IUD insertion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IUD removal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Implant insertion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Implant removal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Instruction on natural family planning (fertility awareness-based methods) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | We offer this on site | Co-located with those who do, or our parent organization provides this | Contract, or other written agreement | Active referral* | Passive referral** |
|------------------------|--------------------------|--|--------------------------------------|--------------------------|--------------------------|
| Primary care services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prenatal care services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| | | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Prenatal care services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adoption services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Treatment services

| | We offer this on site | Co-located with those who do, or our parent organization provides this | Contract, or other written agreement | Active referral* | Passive referral** |
|-------------------------------|--------------------------|--|--------------------------------------|--------------------------|--------------------------|
| HIV treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| High blood pressure care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tobacco cessation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol abuse treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Substance abuse treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Weight management for obesity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Treatment for depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Infertility services

| | We offer this on site | Co-located with those who do, or our parent organization provides this | Contract, or other written agreement | Active referral* | Passive referral** |
|---------------------------------------|--------------------------|--|--------------------------------------|--------------------------|--------------------------|
| Basic infertility services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Semen analysis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Infertility treatment by a specialist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Active referral includes making an appointment for client, contacting the client directly about the referral outcome, or contacting the referral source to find out if the client was seen.

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*Active referral includes making an appointment for client, contacting the client directly about the referral outcome, or contacting the referral source to find out if the client was seen.

**Passive referral includes providing a resource listing or directory to the client, or providing a documented referral to the client.

20. Please indicate whether all, some, or none of the health center's staff have received training in the following areas:

Trained in past 2 years: All relevant staff

| | All staff | Some staff | No staff |
|--|-----------------------|-----------------------|-----------------------|
| Contraceptive counseling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Counseling on fertility awareness-based methods | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Client-centered counseling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overview of all current contraceptive methods (e.g., safety, side effects, benefits, how to use) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Serving male clients | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Ever trained: Clinical staff only

| | All staff | Some staff | No staff |
|---|-----------------------|-----------------------|-----------------------|
| Inserting and removing copper IUD | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Inserting and removing hormonal IUD | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Inserting and removing contraceptive implants | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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2018-2019 SURVEY of ADMINISTRATORS of HEALTH CENTERS THAT PROVIDE FAMILY PLANNING

V. Questions about Survey Completion and Awareness of Guidelines

21. Which of the following best describes the primary role of the person or persons who completed this survey? (Select all that apply.)

- Administrator
- Medical director
- Nurse / nurse practitioner manager
- Other (please specify)

22. If your health center is a part of a multi-site agency, did you consult your parent agency to complete this survey?

- Yes, parent completed entire survey
- Yes, parent completed or checked parts of the survey
- No, parent did not help complete or check the survey
- No, we are not part of a multi-site agency
- No, we are the parent agency

23. Have you heard about the 2014 federal guidance entitled, "Recommendations for Providing Quality Family Planning Services" (also known as "QFP")?

- No, I have not heard about it
- Yes, I heard about it, but haven't read it
- Yes, I heard about it, and have read it
- Yes, and I use it

24. Have you heard about the 2016 federal guidance entitled, "Providing Family Planning Care for Non-Pregnant Women and Men of Reproductive Age in the Context of Zika" (also known as the "Zika toolkit")?

- No, I have not heard about it
- Yes, I heard about it, but haven't read it
- Yes, I heard about it, and have read it
- Yes, and I use / used it

25. Have you heard about the federal guidance entitled, "2015 STD Treatment Guidelines"?

- No, I have not heard about it
- Yes, I heard about it, but haven't read it
- Yes, I heard about it, and have read it
- Yes, and I use it

Please share any additional comments that you may have in the space below.

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